

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Wortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Ng7000002279
1. Corporation Name
FAITH CONNECTION Outreach, Inc.

Principal Place of Business Mailing Address
14118 Village Terrace Dr.
Tampa, FL 33624

2. Principal Place of Business 2a. Mailing Address
21 14118 Village Terrace Dr 26 P.O. Box 270435
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tampa, FL 28 Tampa, FL
Zip Country Zip Country
24 33624 25 America 29 33624 30 America

3. Date Incorporated or Qualified
4-23-97

4. FEI Number Applied For
59-344-4282 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LEE WARE
14118 Village Terrace Dr
Tampa, FL 33624

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lee Ware Sandra B. Wortham 4-24-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> DELETE
NAME	<u>LEE WARE</u>	
STREET ADDRESS	<u>14118 Village Terrace Dr</u>	
CITY-ST-ZIP	<u>Tampa FL 33624</u>	
TITLE	<u>Vice President</u>	<input type="checkbox"/> DELETE
NAME	<u>J.D. PACKWOOD</u>	
STREET ADDRESS	<u>4325 Aegean Dr</u>	
CITY-ST-ZIP	<u>Tampa, FL 33611</u>	
TITLE	<u>Secretary & Treasurer</u>	<input type="checkbox"/> DELETE
NAME	<u>Kelly Packwood</u>	
STREET ADDRESS	<u>4325 Aegean Dr</u>	
CITY-ST-ZIP	<u>Tampa, FL 33611</u>	
TITLE	<u>Robert Forde</u>	<input type="checkbox"/> DELETE
NAME	<u>6411 N. 40th Street</u>	
STREET ADDRESS	<u>Tampa, FL 33610</u>	
CITY-ST-ZIP	<u>Tampa, FL 33610</u>	
TITLE	<u>Barbara Pittman, Esq</u>	<input type="checkbox"/> DELETE
NAME	<u>5466 Friets Way</u>	
STREET ADDRESS	<u>Tampa, FL 33624</u>	
CITY-ST-ZIP	<u>Tampa, FL 33624</u>	
TITLE	<u>FLOREN SCOTT</u>	<input type="checkbox"/> DELETE
NAME	<u>3613 Cypress Meadow Rd</u>	
STREET ADDRESS	<u>Tampa FL 33624</u>	
CITY-ST-ZIP	<u>Tampa FL 33624</u>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Ware President 4-23-98 813-933-2127
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)